

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

10441

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Charles Rount

P.O. Box, Bldg., Room No., if any 325

Street W. S. S. Dr

City Greensboro

State NC ZIP Code + 4 27406

4. Name, file number, and address of labor organization.

Name Ironworkers Local 843

Labor Organization File Number 579542

P.O. Box, Building and Room Number, if any 325

Street W. S. S. Drive

City Greensboro

State NC ZIP Code + 4 27406

5. Position in labor organization.

BUSINESS MANAGER Labor Trustee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles Rount

On

8-15-05

Date

336 2749856

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administrators

Trade Name, if any: Ironworkers Local 843 TF

P.O. Box, Bldg., Room No., if any 9555

Street W Spm Houston PKWY

City Houston

State TX ZIP Code + 4 77272

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Local 843 Trust Fund

Trade Name, if any:

P.O. Box, Bldg. Room No., if any 9555

Street W Spm Houston PKWY

City Houston

State TX ZIP Code + 4 77272

11.a. Nature of such dealing.

Administrator

11.b. Approximate dollar value of such dealing.

7,000,000

12.a. Nature of interest held or income received.

Trust Fund Meetings,
Educational Meetings

12.b. Amount.

2360.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Charles Koonitz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PRC Asset Mgmt
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 125
Street BROAD ST
City NEW YORK
State NY ZIP Code + 4 10004

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Local 843
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 325
Street W JS Drive
City GREENSBORO
State NC ZIP Code + 4 27406

11.a. Nature of such dealing.

Reg Inter

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Regional Meeting

12.b. Amount.

117.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (Including trade name, if any).</p> <p>Name <u>Segall Bryant & Hamill</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>10</u></p> <p>Street <u>South Wacker Dr</u></p> <p>City <u>Chicago Ill.</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60606</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name <u>Ironworkers Local 843 Trust Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>9555</u></p> <p>Street <u>Sam Houston Pkwy</u></p> <p>City <u>Houston</u></p> <p>State <u>TX</u> ZIP Code + 4 <u>77272</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em; text-align: center;"><u>Investment Manager</u></p> <p>11.b. Approximate dollar value of such dealing. <u>7,000,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em; text-align: center;"><u>Golf, Dinner</u></p> <p>12.b. Amount. <u>374.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input style="width: 20px;" type="checkbox"/> or Consultant <input style="width: 20px;" type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 40px; width: 95%; margin-left: 5px;"></div>

Name of Person Filing Charles Kibortz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WEDGE Capital MgmtTrade Name, if any: WEDP.O. Box, Bldg., Room No., if any 2920Street ONE FIRST UNION CTNRCity Charlotte NCState NC ZIP Code + 4 28202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Local 843 Trust FundTrade Name, if any: P.O. Box, Bldg., Room No., if any 9555Street W SOM Houston PkwyCity HoustonState TX ZIP Code + 4 77272

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

3,000,000

12.a. Nature of interest held or income received.

Golf, Dinner, Golf Supplies

12.b. Amount.

3500.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment:

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment: